



STATE OF HAWAII
DEPARTMENT OF HEALTH
FAMILY HEALTH SERVICES DIVISION
MATERNAL AND CHILD HEALTH BRANCH
741-A SUNSET AVENUE
HONOLULU, HAWAII 96816

October 20, 2004

To: Healthy Start Applicants

From: Mark Yabui, Contract Specialist
Healthy Start Program

Subject: **Addendum 1 to RFP Number HTH 550-3**

The following statement shall be replaced in Section 2, page 2-2, Item. I. C.
Description of the target population to be served

Delete Statement

See part II.B of this Section 2 of the RFP for related information about the planned secondary purchase.

Insert Statement

The target population for the secondary purchase will include:

1. Families with children aged 0-one year of age upon referral who are at low to moderate risk of child abuse and neglect and have been referred by Child Welfare Services (CWS) to a contracted Diversion Services provider; and
2. Families with children aged 0-one year of age upon referral who are at moderate to high risk of child abuse and neglect and have been accepted by CWS for direct services by CWS staff or a private contractor.

No waiver will be required to continue home visiting services if a family becomes active with CWS or reported but diverted from CWS. Healthy Start professionals may provide extended service to clients instead of limiting their services to 90 days of treatment readiness.

**The following statement shall be replaced in Section 2, page 2-3, Item. I. D.
Geographic coverage of service**

Delete Statement

See part II.B of this Section 2 of the RFP for related information about the planned secondary purchase.

Insert Statement

The geographic areas to be served under the secondary purchase may include Kauai, Maui/Lanai, Molokai, East Hawaii, West Hawaii, and all or part of the island of Oahu.

The following statement shall be replaced in Section 2, page 2-3, Item. I. E. Probable funding amounts, source, and period of availability.

Deleted Statement

Contract terms:

State funds \$9,142,075

Tobacco Settlement funds \$4,747,667

Special funds \$ 0

Based on availability of funding and a continuation of need. Additional funding may become available over the life of the contract, and the sources of funding may change.

See part II.B of this Section 2 of the RFP for related information about the planned secondary purchase.

Replaced Statement

State funds \$9,142,075

Tobacco Settlement funds \$4,747,667

Special funds \$ 0

Funding reflects an annual amount per fiscal year.

Based on availability of funding and a continuation of need. Additional funding may become available over the life of the contract, and the sources of funding may change.

For the secondary purchase the anticipated amount of funding projected by DHS is \$3,200,000 per year statewide with the following sections receiving approximately \$400,000 per year depending upon the varying costs per section: one on Kauai, one on Maui covering Lanai, one on Molokai, and two on Hawaii. The funding for Oahu will be approximately \$1,200,000 per year and will be distributed based on the primary purchaser's awardees and their geographic areas of coverage. It is anticipated that the

source of funds will be from the federal Temporary Assistance to Needy Families Program (TANF) under Title IVA of the Social Security Act. Additional funding may become available over the life of the contract, and the sources of funding may change. Funding for any given year, for any geographic area, or for any contract as a whole may increase up to 300% of the original amount. Increases are subject to the availability of funds as well as acceptable program utilization, satisfactory performance, and need as determined by DHS.

**The following statement shall be replaced in Section 2, page 2-3, Item. II. B.
Secondary purchaser participation (Planned secondary purchase)**

Delete Statement

The Department of Human Services is a planned secondary purchaser dependent upon the availability of funding. DHS may purchase Enhanced Healthy Start services on all islands to serve Child Welfare Service (CWS) clients and CWS Diversion service clients. The enhanced services include an RPN instead of a child development specialist and a clinical specialist who preferably is a Certified Substance Abuse Counselor (CSAC) or at least has experience in working with substance abusing families. These professionals may provide extended service to clients instead of limiting their services to 90 days of treatment readiness. Preferably the supervisor will have CSAC certification if the clinical specialist does not. The paraprofessional Family Support Workers have reduced caseloads of 15-18 families in the Enhanced Healthy Start model instead of up to 25 families per worker. The anticipated amount of funding projected by DHS is \$3,200,000 statewide with the following sections receiving approximately \$400,000 depending upon the varying costs per section: one on Kauai, one on Maui covering Lanai, one on Molokai, and two on Hawaii. The funding for Oahu will be approximately \$1,200,000 and will be distributed based on the primary purchaser's awardees and their geographic areas of coverage.

It is anticipated that the source of funds will be from the federal Temporary Assistance to Needy Families Program (TANF) under Title IVA of the Social Security Act. Additional funding may become available over the life of the contract, and the sources of funding may change. Funding for any given year, for any geographic area, or for any contract as a whole may increase up to 300% of the original amount without being considered a fundamental change according to section 3-149-303(d) of Hawaii Administrative Rules. Increases are subject to the availability of funds as well as acceptable program utilization, satisfactory performance, and need as determined by DHS.

Replacement

DHS is a planned secondary purchaser dependent upon the availability of funding. DHS may purchase Enhanced Healthy Start services on all islands to serve Child Welfare Service (CWS) clients and CWS Diversion service clients. The enhanced services may include an RPN instead of a child development specialist and will include a clinical

specialist who preferably is a Certified Substance Abuse Counselor (CSAC) or at least has experience in working with substance abusing families. These professionals may provide extended service to clients instead of limiting their services to 90 days of treatment readiness. Preferably the supervisor will have CSAC certification if the clinical specialist does not. The paraprofessional Family Support Workers have reduced caseloads of 15-18 families in the Enhanced Healthy Start model instead of up to 25 families per worker. The anticipated amount of funding projected by DHS is \$3,200,000 per year statewide with the following sections receiving approximately \$400,000 per year depending upon the varying costs per section: one on Kauai, one on Maui covering Lanai, one on Molokai, and two on Hawaii. The funding for Oahu will be approximately \$1,200,000 per year and will be distributed based on the primary purchaser's awardees and their geographic areas of coverage.

It is anticipated that the source of funds will be from the federal Temporary Assistance to Needy Families Program (TANF) under Title IVA of the Social Security Act. Additional funding may become available over the life of the contract, and the sources of funding may change. Funding for any given year, for any geographic area, or for any contract as a whole may increase up to 300% of the original amount. Increases are subject to the availability of funds as well as acceptable program utilization, satisfactory performance, and need as determined by DHS.

The following statement shall be replaced in Section 2, page 2-5, Item. 2. E. Single or multi-term contracts to be awarded

Delete Statement

For the islands of Kauai, Lanai, Maui, and Molokai, each island will have one contract. For the island of Hawaii (East and West), two contracts will be awarded. On the island of Oahu, a minimum of three contracts will be awarded.

Replacement

For the islands of Kauai, Maui (including Lanai), and Molokai, each island will have one contract. For the island of Hawaii (East and West), two contracts will be awarded. On the island of Oahu, a minimum of two contracts will be awarded.

**The following statements shall be replaced in Section 2, page 2-7, Item. III. A.
Service Activities**

Deleted Statements

16. Promote family resiliency, focusing upon a variety of family strengthening activities, including but not limited to substance use (including smoking), family violence (including intimate partner abuse), and mental health issues (including maternal depression), that also includes training on family support issues and role modeling coping strategies for both parents and staff.
17. Document status of referrals made to community agencies and programs for the child and family.
18. Conduct psycho-social assessments and case management activities including but not limited to a care plan for families who are experiencing personal and/or emotional problems.

Replacement

- 16 Promote family resiliency, focusing upon a variety of family strengthening activities, including but not limited to substance use (including smoking), family violence (including intimate partner abuse), and mental health issues (including maternal depression). This shall include training on family support issues and role modeling coping strategies for both parents and staff.
- 17 Conduct psycho-social assessments and case management activities for families who are referred to the CSp (See Attachment H).
- 18 Document status of referrals made to community agencies and programs for the child and family.

**The following statements shall be replaced in Section 2, page 2-8, Item. III. A.
Service Activities**

Delete Statements

21. Provide services in coordination with other agencies and staff to ensure optimal outcomes for the best interest of the child and family.
22. Prioritize enrollment into the HHS program for families previously known to Baby S.A.F.E. and other MCHB programs. Hawaii Healthy Start programs will refer to baby S.A.F.E. and other MCHB programs as appropriate.

Replacement

21. Provide services in coordination with other agencies, including MCHB programs, and staff, to ensure optimal outcomes for the best interest of the child and family.

The following statements shall be replaced in Section 2, page 2-8, Item. III. A. Service Activities (last paragraph)

Delete Statement

See part II.B of this Section 2 of the RFP for related information about the planned secondary purchase.

Replacement

Service Activities under the DHS Secondary Purchase of Healthy Start Services:

The PROVIDER shall conduct family strengthening activities for all eligible families who agree to services. These activities are intended to promote the formation and strengthening of the family unit, and specifically address the areas of family and social communication, inter-personal relationships, anger management, substance abuse, mental health concerns, child development, problem identification and solving, parenting skills, and social and community responsibility. The PROVIDER shall ensure the allocation of resources for the following core service activities:

1. Standard Healthy Start screening and assessment of risk and needs of all CWS and Diversion families consenting to referral to DHS Healthy Start Services.
2. Development of an individualized service plan for families participating in DHS Healthy Start services including collaboration with the CWS or Diversion Services plans to ensure appropriate services and identify roles and responsibilities of all service providers.
3. Home visits in accordance with standard Healthy Start Service protocols by a family support worker with a ratio of 15-18 families per worker to follow up on information and referral activities and family and child development issues.
4. Home visits and community liaison work by a Clinical Specialist to coordinate DHS Healthy Start Services with CWS and other community agencies as appropriate.
5. Treatment readiness” counseling and extended counseling by the Clinical Specialist and the Registered Professional Nurse (RPN) until existing community resources can accommodate the family.
6. Identification, assessment and monitoring of the health status and health care needs that affect the children and the family by the RPN.
7. Referral of the family by the RPN to the medical home and other appropriate community health resources including follow up with the family and the referrals.

8. Child development information and training, parenting skills, and therapeutic interventions by the RPN and Clinical Specialist in addition to the modeling and support of the Family Support Workers to strengthen the family in accordance with agreements with CWS and other CWS POS providers.
9. Follow-up contact with families three (3) and six (6) months after closure by both Healthy Start and CWS or CWS/Diversion services to determine whether these families have remained safe and healthy or whether they are in need of additional CWS or DHS Healthy Start services.
10. Collaborative meetings with CWS and/or CWS Diversion Services to ensure coordinated service delivery to strengthen the targeted families.
11. Quarterly progress reports, in a mutually agreed upon format, on each family within thirty days of the end of each quarter and within thirty days of termination of services. Additional reports as may be needed by CWS and notification of the family's noncompliance with services.

The following statement shall be replaced in Section 2, page 2-9, Item. III. B. 1. Personnel (fourth paragraph from the bottom).

Delete Statement

Clinical Supervisor should not exceed 5 full-time staff.

Replacement

Clinical Supervisor shall supervise up to five (5) full-time staff.

The following statement shall be replaced in Section 2, page 2-10, Item. III. B. 1. Personnel (third paragraph from the top).

Delete Statement

Appropriate agency staff, including but not limited to FSWs, will be assigned according to the identified and prioritized needs of the family.

Replacement

FSWs will be assigned according to the identified and prioritized needs of the family.

The following statement shall be replaced in Section 2, page 2-10, Item. III. B. 1. Personnel (fifth paragraph from the top).

Delete Statement

All HHS staff shall receive the training required by Healthy Families America (HFA)/MCHB. All training shall be documented in the MCHB training matrix.

Replacement

All HHS staff shall receive the training required by Healthy Families America (HFA)/MCHB. All completed training shall be documented.

The following statement shall be replaced in Section 2, page 2-10, Item. III. B. 1. Personnel (sixth paragraph from the top).

Delete Statement

The Awardee ensures that all HHS employees paid from Healthy Start funds meet required qualifications. Any deviation from the above staffing requirement shall require approval by the MCHB and will be determined on a case-by-case basis according to stipulations set by MCHB.

Replacement

The Provider ensures that all HHS employees paid from Healthy Start funds meet required qualifications. Any deviation from the above staffing requirement shall require approval by MCHB and will be determined on a case-by-case basis.

The following statement shall be replaced in Section 2, page 2-10, Item. III. B. 1. Personnel (last paragraph).

Delete Statement

See part II.B of this Section 2 of the RFP for related information about the planned secondary purchase.

Replacement

Under the secondary purchase the PROVIDER'S staffing shall meet all the requirements of the Department of Health Healthy Start contract. In addition the direct service team may include an RPN instead of a child development specialist and will include a clinical specialist who preferably is a Certified Substance Abuse Counselor (CSAC) or at least has experience in working with substance abusing families. Preferably the supervisor will have CSAC certification if the clinical specialist does not. The paraprofessional Family Support Workers have reduced caseloads of 15-18 families in the Enhanced Healthy Start model instead of up to 25 families per worker.

The following statement shall be inserted last paragraph in Section 2, page 2-11, Item. III. B. 3. Quality assurance and evaluation specification

Insert Statement

All contracts shall be monitored by the DHS in accordance with requirements set forth by Chapter 103F, Hawaii Revised Statutes. Annual contract monitoring may include site visits with comprehensive evaluation of several areas of performance. These include review of conformance with standard contractual requirements, agency files, accounting practices, and case record keeping, performance/outcome/output measures, quality of services, and administrative requirements. In addition, ongoing contract monitoring shall include review of monthly and quarterly reports as required by the Department and periodic assessment of program effectiveness.

The following statement shall be replaced in Section 2, page 2-11, Item. III. B. 4. Output and performance/outcome measurements (last paragraph)

Delete Statement

Regarding the secondary purchase, the Provider shall provide all services required by the primary purchaser for screening, assessment, and home visiting of families including the ongoing collection of data required by the primary purchaser. Additional performance measures for the secondary purchase are specified on DHS Form A – People to be served, DHS Form B – Services Activities, and DHS Form C – Outcomes; these forms are included as an attachment in Section 5 of this RFP.

Replacement

Output and performance/outcome measurements for DHS secondary purchase of Healthy Start Services shall include the following:

- a. Performance measures are attached to Section 5 of this RFP. See DHS Form A – People to be Served, DHS Form B – Service Activities, and DHS Form C – Outcomes. The PROVIDER shall insert goal numbers for all items that are blank on DHS Forms A, B, and C (**See Attachment G**). The PROVIDER does not have to specify goal numbers for any shaded items, but the PROVIDER will be expected to provide data on these items over the term of the contract. The applicant may propose different numbers or items than those specified as long as a justification for those differences is provided.
- b. The PROVIDER shall maintain the capacity to deliver services throughout the term of the Agreement at the levels specified in DHS Forms A, B, and C.
- c. The effectiveness of the contract will be evaluated according to the utilization of the service (DHS Form A, plus units of service provided if applicable), the levels of service provided (DHS Form B), and the outcomes achieved (DHS Form C). Where performance under the contract is 80% or less of the goal levels specified on DHS

Forms A, B, and C or, if applicable, the number of units of service provided is 80% or less of the program capacity, the PROVIDER will need to submit a corrective action plan to remedy the substandard performance, and at its option, the STATE may reduce payments or funding, or terminate the contract if the proposed corrective action is not successful.

- d. Unless otherwise agreed to in writing, the numbers of people to be served and the levels of service activity specified in DHS Form A and in DHS Form B will change in proportion to future changes in funding under this Agreement.

The following statement shall be replaced in Section 3, page 3-5, Item. VII. Service Delivery (second bullet from the top).

Delete Statement

- Completing a psychosocial assessment and a care plan for families who are experiencing personal and/or emotional problems.

Replacement

- Completing a psycho-social assessment and a care plan for referred families.

The following statements shall be deleted in Section 3, page 3-6, Service Delivery A. Management Requirements.

Delete Statement

Applicants shall identify their baseline for the Healthy Start performance measures. Given available resources and other external factors, the applicant shall formulate both reasonable and achievable performance objectives, and the approach to be taken in meeting those objectives for the multi-year contract period. Please refer to Table A (Performance Measures) which should be completed and attached to the Application Proposal. These tables may be found in Section 5, Attachment E of this RFP.

A description of plans to meet HIPPA standards should be attached.

Replacement

Applicants shall complete Table A (Performance Measures). These tables may be found in Section 5, Attachment E of this RFP. All areas (Column A, B, C, and D) and pages must be completed. Column D shall also include specific strategies to improve as part of the previously described system for continuous quality improvement (use of data, quality control, quality assurance, corrective action plans, quality improvement plans) to ensure achievement of contracted performance objectives. Specific strategies shall go beyond stated model components, standards and guidelines. Specific strategies must include a timeline for improvement and responsible persons. Table A (Performance Measures) shall be attached to the POS Application Proposal.

Applicants shall complete Table B (Output Measures). These tables may be found in Section 5, Attachment F of this RFP. All areas (Column A, B, and C) and pages must be completed.